PLUM CITY CARE CENTER 301 CHERRY STREET

PLUM CITY 54	761	Phone: (715) 647-2401		Ownership:	Corporation
Operated from 1/1	To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction	on with H	Ospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up	p and Sta	ffed (12/31/02):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Ca	apacity (12/31/02):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents	on 12/31/	02:	48	Average Daily Census:	47
*****	*****	*****	*****	*******	*****
Commisson Dronnidad to	Mon-Bood	donts Ago Cox	and Drimary	Diagnosis of Posidonts (12/31/02)	I Tongth of

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	ે	Less Than 1 Year 1 - 4 Years	33.3 47.9
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	0.0		18.8
Day Services	Yes	Mental Illness (Org./Psy)	41.7	65 - 74	8.3		
Respite Care	Yes	Mental Illness (Other)	4.2	75 - 84	18.8		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	64.6	********	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	Full-Time Equivalent				
Congregate Meals	Yes	Cancer	4.2		Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	4.2		100.0	(12/31/02)	
Other Meals	Yes	Cardiovascular	10.4	65 & Over	100.0		
Transportation	No	Cerebrovascular	14.6			RNs	6.5
Referral Service	Yes	Diabetes	0.0	Sex	용	LPNs	13.3
Other Services	Yes	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	20.8	Male	25.0	Aides, & Orderlies	41.7
Mentally Ill	No			Female	75.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	o _o	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	1	3.1	115	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.1
Skilled Care	0	0.0	0	30	93.8	99	0	0.0	0	13	81.3	127	0	0.0	0	0	0.0	0	43	89.6
Intermediate				1	3.1	83	0	0.0	0	3	18.8	117	0	0.0	0	0	0.0	0	4	8.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		32	100.0		0	0.0		16	100.0		0	0.0		0	0.0		48	100.0

PLUM CITY CARE CENTER

Psychological Problems

Nursing Care Required (Mean)

********	*****	*******	*****	*****	******	*******	******
Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, ar	nd Activities as of 12	/31/02
Deaths During Reporting Period			 Total				
Percent Admissions from:		Activities of	%		% Needing sistance of	% Totally	Number of
	1.4.0					2	
Private Home/No Home Health			-		Or Two Staff	Dependent	Residents
Private Home/With Home Health		3	0.0		85.4	14.6	48
Other Nursing Homes	10.0	Dressing	10.4		77.1	12.5	48
Acute Care Hospitals	66.0	Transferring	25.0		58.3	16.7	48
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.8		60.4	18.8	48
Rehabilitation Hospitals	0.0		64.6				48
Other Locations	4.0	*****	*****	*****	*****	*******	*****
Total Number of Admissions	50	Continence		%	Special Treatmer	nts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	2.1	Receiving Resp	oiratory Care	4.2
Private Home/No Home Health	19.1	Occ/Freq. Incontine	nt of Bladder	62.5	Receiving Trac	cheostomy Care	0.0
Private Home/With Home Health	17.0	Occ/Freq. Incontine	nt of Bowel	33.3	Receiving Suct	cioning	0.0
Other Nursing Homes	4.3	-			Receiving Osto	omy Care	0.0
Acute Care Hospitals	21.3	Mobility			Receiving Tube	-	2.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	nanically Altered Diet	s 31.3
Rehabilitation Hospitals	0.0	2 2				1	
-	4.3	Skin Care			Other Resident C	Characteristics	
Deaths	34.0			4.2	Have Advance I)irectives	93.8
Total Number of Discharges	0 2 • 0	With Rashes			Medications		30.0
(Including Deaths)	47			. –		choactive Drugs	45.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************************ Ownership: Bed Size: Licensure: Proprietary 50-99 Skilled This All Peer Group Facility Peer Group Peer Group Facilities 용 Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 94.0 84.7 1.11 1.08 85.3 85.1 87.1 1.10 1.10 Current Residents from In-County 81.5 0.77 62.5 81.6 0.77 0.77 81.5 76.6 0.82 Admissions from In-County, Still Residing 16.0 17.8 0.90 20.0 0.80 20.4 0.78 20.3 0.79 Admissions/Average Daily Census 106.4 152.3 0.70 146.1 0.73 133.4 184.4 0.58 0.80 135.3 Discharges/Average Daily Census 100.0 183.9 0.54 153.5 0.65 147.5 0.68 0.74 Discharges To Private Residence/Average Daily Census 36.2 84.7 0.43 67.5 0.54 63.3 0.57 56.6 0.64 Residents Receiving Skilled Care 91.7 93.2 0.98 93.1 0.98 92.4 0.99 86.3 1.06 Residents Aged 65 and Older 100 92.7 95.1 92.0 1.09 87.7 1.14 1.08 1.05 Title 19 (Medicaid) Funded Residents 66.7 1.14 1.05 62.8 1.06 58.7 63.6 67.5 0.99 Private Pay Funded Residents 33.3 21.6 1.55 30.0 1.11 24.0 1.39 21.0 1.58 Developmentally Disabled Residents 0.0 0.8 0.00 0.9 0.00 1.2 0.00 7.1 0.00 Mentally Ill Residents 45.8 29.3 1.56 33.0 1.39 36.2 1.27 33.3 1.37 General Medical Service Residents 20.8 0.90 0.93 24.7 0.84 23.2 22.5 20.5 1.02 Impaired ADL (Mean) 45.8 48.5 0.94 47.7 0.96 49.3 0.93 49.3 0.93

52.3

6.8

0.88

0.81

54.9

6.2

0.83

0.88

54.7

6.7

0.84

0.81

54.0

0.85

7.2 0.76

45.8

5.5